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ARTICLE 14. TRAUMA REGISTRY; TRAUMA SYSTEM QUALITY ASSURANCE

R9-25-1401.   Definitions

The following definitions apply in this Article, unless otherwise specified:

1. "Aggregate trauma data" means a collection of data from the trauma registry that is compiled so that it is not possible to identify a particular trauma patient, trauma patient's family, health care provider, or health care institution.

2. "AIS" means abbreviated injury scale, an anatomic severity scoring system established in Association for the Advancement of Automotive Medicine Committee on Injury Scaling, *Abbreviated Injury Scale (AIS) 1990: Update 98* (1998), incorporated by reference, including no future editions or amendments, and available from Association for the Advancement of Automotive Medicine, P.O. Box 4176, Barrington, IL 60011-4176, and www.carcrash.org.

3. "ALS base hospital" has the same meaning as in R9-25-101.

4. "Case" means a patient who meets R9-25-1402(A)(1), (2), or (3).

5. "Data element" means a categorized piece of information.

6. "Data set" means a collection of data elements that includes, for each case, data that complies with ~~the field names, field types, and field widths prescribed in~~ Table 1.

7. "Department" means the Arizona Department of Health Services.

8. "ED" means ~~"E~~emergency department~~" means~~, an organized area of a health care institution dedicated for use in providing emergency services, as defined in A.A.C. R9-10-201.

9. "EMS" has the same meaning as "emergency medical services" in A.R.S. § 36-2201.

~~9.~~10. "EMS provider" has the same meaning as "emergency medical services provider" in A.R.S. § 36-2201.

~~10.   "Field name" means a descriptor for the data elements to be located in a specific data field.~~

~~11.   "Field type" means the kind of input that may be entered into a data field, including character (may be letters or numbers or both), numeric, date, and time.~~

~~12.   "Field width" means the maximum number of spaces available for input in a data field.~~

11. "GCS" means Glasgow Coma Scale, a scoring system that defines eye, motor, and verbal responses in the patient with injury to the brain.

~~13.~~12. "Health care institution" has the same meaning as in A.R.S. § 36-401.

~~14.~~13. "Health care provider" means a caregiver involved in the delivery of trauma services to a patient, whether in the prehospital, hospital, or rehabilitation phase of care.

~~15.~~14. "Hospital" has the same meaning as in A.A.C. R9-10-201.

~~16.~~15. "ICD-9-CM" has the same meaning as in A.A.C. R9-4-101.

17.16. "ICD-9-CM E-code" means a numeral assigned to identify the possible external cause of an injury.

18.17. "ICD-9-CM N-code" means a numeral assigned to identify the nature of an injury.

19.18. "Injury" means physical damage to a part of the human body.

20. "Inpatient" has the same meaning as in A.A.C. R9-10-201.

21.19. "ISS" has the same meaning as in R9-25-1301.

22.20. "Organized service unit" means an area of a health care institution dedicated for use in providing an organized service, as defined in A.A.C. R9-10-201.

23.21. "Owner" has the same meaning as in R9-25-1301.

24.22. "Patient" means an individual who is sick, injured, wounded, or dead and who requires medical monitoring, medical treatment, or transport.

25.23. "Scene" means a location, other than a health care institution, from which a patient is transported.

26.24. "Submitting health care institution" means a health care institution that submits data to the trauma registry as provided in R9-25-1402.

27.25. "Trauma center" means a health care institution that meets the definition of "trauma center" in A.R.S. § 36-2201 or the definition of "trauma center" in A.R.S. § 36-2225.

28.26. "Trauma registry" has the same meaning as in A.R.S. § 36-2201.

29.27. "Trauma service unit" means an area of a health care institution dedicated for use in providing trauma services.

30.28. "Trauma team" means a group of health care providers organized to provide care to trauma patients.

31.29. "Trauma team activation" means notification of trauma team members in response to triage information received concerning a patient with injury or suspected injury.

32.30. "Trauma triage protocol" means a "triage protocol," as defined in R9-25-101, specifically designed for use with patients with injury.

R9-25-1402.   Data Submission Requirements

A.   An owner of a trauma center shall ensure that the data set identified in Table 1 is submitted to the Department, as prescribed in subsection (B), for each patient meeting one or more of the following criteria:

1.   A patient with injury or suspected injury who is triaged from a scene to a trauma center or emergency department ED based upon the responding EMS provider's trauma triage protocol;

2.   A patient with injury or suspected injury for whom a trauma team activation occurs; or

3. A patient with injury who is admitted or who dies, who has an ICD-9-CM N-code between 800.00 and 959.9, and who does not only have:

a. Have any of the following ICD-9-CM N codes:

a. i. Late effects of injury, as demonstrated by an ICD-9-CM N-code between 905 through and 909.9;

b. ii. Superficial injury, as demonstrated by an ICD-9-CM N-code between 910 through and 924.9, or;

c. iii. Foreign bodies, as demonstrated by an ICD-9-CM N-code between 930 and 939.9;

b.d. Have an An isolated hip femoral neck fracture from a same-level fall, as demonstrated by:

i. An ICD-9-CM N-code between 820 and 820.9, and

ii. An ICD-9-CM E-code between E885 and E885.9 or between E888 and E888.9; or

c.e. Have an An isolated distal extremity fracture from a same-level fall, as demonstrated by:

i. An ICD-9-CM N-code between 813 and 819 or between 823 and 827, and

ii. An ICD-9-CM E-code between E885 and E885.9 or between E888 and E888.9.

B. An owner of a trauma center shall submit the data required under subsection (A) to the Department:

1. On a quarterly basis according to the following schedule:

a. For cases identified between January 1 and March 31, so that it is received by the Department by July 1 of the same calendar year;

b. For cases identified between April 1 and June 30, so that it is received by the Department by October 1 of the same calendar year;

c. For cases identified between July 1 and September 30, so that it is received by the Department by January 2 of the following calendar year; and

d. For cases identified between October 1 and December 31, so that it is received by the Department by April 1 of the following calendar year; and

2. Through an electronic reporting system authorized by the Department or on a compact disc that:;

3. ~~a.~~ ~~Contains all of the data required under subsection (A), downloaded from the trauma center's trauma registry, in~~ In a format that allows the Department to upload the data to the Arizona State Trauma Registry and view the data; and

4. Along with the following information:

~~b.~~ ~~Is labeled with the name of the trauma center, the quarter for which data is being submitted, the case date range, and the total number of cases for which data is included;~~

~~c.~~ ~~Is accompanied by a completed Trauma Data Quarterly Submission Form that includes:~~

a. ~~i.~~ The name and physical address of the trauma center;

b. ~~ii.~~ The date the trauma data is being submitted to the Department;

~~iii.~~ ~~The number of compact discs being submitted;~~

c. ~~iv.~~ The total number of cases for whom trauma data is ~~included~~ being submitted;

d. ~~v.~~ The quarter for which trauma data is being ~~reported~~ submitted, including identification of the months and calendar year;

e. ~~vi.~~ The name, title, phone number, ~~and~~ fax number, and e-mail address of the trauma center's point of contact for the trauma data; and

~~vii.~~ ~~The signature of the trauma center's point of contact for the trauma data; and~~

f. ~~viii.~~ Any special instructions or comments to the Department from the trauma center's point of contact ~~to the Department; and~~

~~d.~~ ~~Is sent to the attention of or hand-delivered to the Trauma Registry Manager at the Department~~.

C. An ALS base hospital certificate holder that chooses to submit trauma data to the Department, as provided in A.R.S. § 36-2221, shall comply with the data submission requirements in this Section for an owner of a trauma center.

Table 1. **Trauma Registry Data Set**

KEY:

Required for TC Levels I, II, and III = An owner of a hospital designated as a Level I, Level II, or Level III trauma center shall include these data elements in the data submission required under R9-25-1402.

Required for TC Level IV, Non-Designated TC, and ALS Base Hospital = An owner of a health care institution designated as a Level IV trauma center; an owner of a trauma center, as defined in A.R.S. § 36-2201, that is not a designated trauma center; or an ALS base hospital certificate holder that submits

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trauma data as provided under A.R.S. § 36-2221 shall include these data elements in the data submission required under R9-25-1402.

* = Only required for Level I trauma centers.

Field Name	Field Name/Data Element Description	Field Type	Field Width	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
DEMOGRAPHIC DATA ELEMENTS					
	Reporting Facility Site ID			X	X
EMRNUM	Registration Number	Character	15	X	X
MEDRECNUM	Medical Record Number	Character	15	X	X
ADMDATE	Hospital Admission Date	Date	8	X	X
ENTRYMODE	Site ID	Character	8	X	X
LASTNAME	Patient Last Name	Character	25	X	X
FIRSTNAME	Patient First Name	Character	12	X	X
MIDINIT	Patient Middle Initial	Character	1	X	X
PT_SSN	Social Security Number	Character	11	X	X
BIRTHDAY	Patient Date of Birth	Date	8	X	X
AGE	Patient Age	Numeric	3	X	X
AGE_UNIT	Units of Age	Character	2	X	X
SEX	Gender	Character	1	X	X
RACE	Race	Character	16	X	X
ETHNICITY	Ethnicity	Character	1	X	X
PT_ZIP	Zip Code of Residence	Character	6	X	
PT_CITY	City of Residence	Character	15	X	
PT_CNTY	County of Residence	Character	9	X	
PT_STATE	State of Residence	Character	3	X	
PT_CNTRY	Country of Residence	Character	3	X	
	Alternate Home Residence			X	
PRE-HIST	Pre-existing Co-Morbid Conditions (Pre-Existing)	Character	22	X	
INJURY DATA ELEMENTS					
FL_ENT_DT	Date of Injury Date	Date	8	X	X
FL_ENT_TM	Time of Injury Time	Time	6	X	X
INJ_ST_TYP	Actual versus Estimated Time of Injury Time	Character	2	X	
SITE_CLASS	Injury Location ICD-9-CM E-code (E849) Place of Occurrence	Character	2	X	X
INJ_STR1	Primary Street Location of Injury	Character	40	X	
INJ_ZIP	Zip Code of Injury	Character	6	X	
INJ_CITY	City of Injury	Character	15	X	
INJ_CNTY	County of Injury	Character	9	X	
INJ_STATE	State of Injury	Character	3	X	

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Field Name	Field Name/Data Element Description	Field Type	Field Width	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
ECODE_ICD9	Primary ICD-9-CM E-code Injury Descriptor	Character	6	X	X
	Additional ICD-9-CM E-code Injury Descriptor			X	
INJ_CLASS	Injury Classification Trauma Type	Character	1	X	
JOB_RELTD	Work-relatedness of InjuryRelated	Character	1	X	
	Patient Occupational Industry			X	
	Patient Occupation			X	
PAT_POS	Patient Position in Vehicle	Character	30	X	
PROTECTIVE	Protective Devices Used	Character	15	X	X
	Child Specific Restraint			X	
	Airbag Deployment			X	
DESCRIPTIO	Safety Equipment Issues	Character	40	X	
PREHOSPITAL DATA ELEMENTS					
	Transport Mode			X	
	Other Transport Mode			X	
TRANS_AGNT	Transport Agency	Character	15	X	
RUN_SHEET	Run Sheet Available?	Character	1	X	
RS_DATE	Run Sheet Date	Date	8	X	
BYP_HOSP	Transported From (Facility)	Character	15	X	
CALL_DATE	Date EMS Provider CalledNotified	Date	8	X	
CALL_TIME	Time EMS Provider CalledNotified	Time	6	X	
DEPRT_TIME	Time EMS Provider Left for Scene	Time	6	X	
ARRIV_TIME	Time EMS Provider Arrived at Scene	Time	6	X	
BSCNT_TIME	EMS Patient Contact Time	Time	6	X	
EXIT_TIME	Time EMS Provider Departed Scene	Time	6	X	
DEST_TIME	Time of Arrival at Final Destination	Time	6	X	
ACT_DEST	Actual Destination Facility	Character	15	X	
	Total EMS Response Time (Minutes)			X	
SCENE_TM	Total EMS Scene Time (mMinutes)	Numeric	5	X	
TRANS_TM	Transport Time to Facility (mMinutes)	Numeric	5	X	
	Total EMS Time (Minutes)			X	
SYS_ACCES	System Access	Character	15	X	
TRIAGE_CRT	Triage Criteria	Character	25	X	X
DT	Date of Measurement of Vital Signs	Date	8	X	
TIME	Time of Measurement of Vital Signs	Time	6	X	
	Initial Field Pulse Rate			X	
RESP_RATE	Unassisted Initial Field Respiratory Rate	Numeric	3	X	
	Initial Field Oxygen Saturation			X	
	Field Intubation Status			X	

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Field Name	Field Name/Data Element Description	Field Type	Field Width	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
	Field Airway Management Details			X	
INTUBATE	Intubated?	Character	1	X	
	Field Paralytic Agent in Effect			X	
SBP	Initial Field Systolic Blood Pressure	Numeric	3	X	
EO	Initial Field GCS - Eye Opening	Numeric	1	X	
VR	Initial Field GCS - Verbal Response	Numeric	1	X	
MR	Initial Field GCS - Motor Response	Numeric	1	X	
GCS	Glasgow Coma Score Initial Field GCS – Total	Numeric	2	X	
PAR_AGENT	Paralytic Status	Character	1	X	
	Initial Field GCS Assessment Qualifiers			X	
RTS	Field Revised Trauma Score	Numeric	7.2	X	
TRAUMA DATA ELEMENTS (REFERRING/TRANSFER HOSPITAL)					
	Interfacility Transfer			X	
ENT_DATE	Date of Arrival at First Referring Hospital	Date	8	X	
ENT_TIME	Time of Arrival at First Referring Hospital	Time	6	X	
EXIT_DATE	Date of Transfer from First Referring Hospital	Date	8	X	
EXIT_TIME	Time of Transfer from First Referring Hospital	Time	6	X	
TRANS_AGNT	Transport Agency (from First Referring)	Character	15	X	
REF_HOSP	Transferring Facility (First Referring)	Character	15	X	
REF_STAT	Facility Type (First Referring)	Character	9	X	
LOS	Length of Stay (Hrs) in First Referring Hospital (Hours)	Numeric	4	X	
ACT_DEST	Destination Facility	Character	15	X	
ENT_DATE	Date of Arrival at Second Referring Hospital (2nd)	Date	8	X	
ENT_TIME	Time of Arrival at Second Referring Hospital (2nd)	Time	6	X	
EXIT_DATE	Date of Transfer from Second Referring Hospital (2nd)	Date	8	X	
EXIT_TIME	Time of Transfer from Second Referring Hospital (2nd)	Time	6	X	
TRANS_AGNT	Transport Agency (from Second Referring) (2nd)	Character	15	X	
REF_HOSP	Transferring Facility (2nd) (Second Referring)	Character	15	X	
REF_HOSP	Facility Type (2nd) (Second Referring)	Character	9	X	
LOS	Length of Stay in 2nd Second Referring	Numeric	4	X	

Field Name	Field Name/Data Element Description	Field Type	Field Width	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
	Hospital (Hours)				
ACT_DEST	Actual Destination Facility (2nd)	Character	15	X	
VS_DESIGN	Vital Signs Designation (1st or 2nd If First or Second Referring)	Character	1	X	
RESP_RATE	Unassisted Initial Respiratory Rate in Referring Facility	Numeric	3	X	
SBP	Initial Systolic Blood Pressure in Referring Facility	Numeric	3	X	
GCS	Glasgow Coma Score Initial GCS Total in Referring Facility	Numeric	2	X	
RTS	Initial Revised Trauma Score in Referring Facility	Numeric	7.2	X	
EMERGENCY DEPARTMENT ED/TRAUMA DATA ELEMENTS					
TR_ENT_DT	Date of Arrival in Emergency Department ED/Hospital Arrival Date	Date	8	X	X
TR_ENT_TM	Time of Arrival in Emergency Department ED/Hospital Arrival Time	Time	6	X	X
TR_EXIT_DT	Emergency Department ED Exit Date	Date	8	X	X
TR_EXIT_TM	Emergency Department ED Exit Time	Time	6	X	X
TR_LOS	Hospital Length of Stay (Hrs) in Emergency Department ED (Hours)	Numeric	4	X	X
ACT_TIME	Complete Trauma Team Arrival Time	Time	6	X	
TR_DISPO	Disposition from Emergency Department ED Discharge Disposition	Character	10	X	X
ETOH_LEVEL	Blood Alcohol – mg/dl	Numeric	3	X	
	ED/Hospital Initial Pulse Rate			X	
RESP_RATE	Unassisted ED/Hospital Initial Respiratory Rate	Numeric	3	X	
	ED/Hospital Initial Respiratory Assistance			X	
INTUBATED	Intubation Status at Time of Vital Signs	Character	1	X	
	ED/Hospital Initial Oxygen Saturation			X	
	ED/Hospital Initial Supplemental Oxygen			X	
	ED/Hospital Intubation Status			X	
	ED/Hospital Paralytic Agent in Effect			X	
SBP	ED/Hospital Initial Systolic Blood Pressure	Numeric	3	X	
EO	ED/Hospital Initial GCS - Eye Opening	Numeric	1	X	
VR	ED/Hospital Initial GCS - Verbal Response	Numeric	1	X	
MR	ED/Hospital Initial GCS - Motor Response	Numeric	1	X	
GCS	Glasgow Coma Score ED/Hospital Initial GCS - Total	Numeric	2	X	

Field Name	Field Name/Data Element Description	Field Type	Field Width	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
	ED/Hospital Initial GCS Assessment Qualifiers			X	
PAR_AGENT	Paralytic Agent in Effect	Character	1	X	
TEMP	ED/Hospital Initial Temperature Emergency Department	Numeric	6.1	X	
TEMP_UNITS	ED/Hospital Initial Units of Temperature	Character	1	X	
TEMP_LOC	ED/Hospital Initial Temperature Route Emergency Department	Character	15	X	
RTS	ED/Hospital Initial Revised Trauma Score	Numeric	7.2	X	
	Alcohol Use Indicator			X	
	Blood Alcohol Content (mg/dl)			X	
	Drug Use Indicator			X	
DRUG_SCREEN	Toxicology Findings	Character	20	X	
SUBSTANCE	Toxicology Substances Found	Character	20	X	
DISCHARGE DATA ELEMENTS					
PH_ENT_DT	Date of Hospital Discharge Date	Date	8	X	X
	Hospital Discharge Time			X	X
	Hospital Admission Status			X	X
LOS	Hospital Admission Length of Stay (Days)	Numeric	4	X	X
	Total Length of Hospital Stay – ED plus Admission (Days)			X	
FNL_OUTCM	Final Outcome - Dead or Alive	Character	1	X	X
LOS	Length of Stay in ICU Intensive Care Unit (Days)	Numeric	4	X	X
	Total Ventilator Days			X	
DISCHG_TO	Hospital Discharge Disposition	Character	25	X	X
AUTOP_IDNO	Autopsy Identification Number	Character	10	X	
INJ_COMP	Injury Diagnoses - ICD-9-CM N-codes	Character	6	X	X
	AIS Six-Digit Injury Identifier			X*	
AIS	AIS-90 Value AIS Severity Code	Character	1	X	
AIS_CODE	AAAM Code (AIS-90)	Character	6	X	
BODY_PART	AIS Body Part Injured Region of Injury	Character	1	X	
ISS	Injury Severity Score	Numeric	2	X	X
PROB_SURV	Probability of Survival	Numeric	6.3	X	
	ED/Hospital Procedure Location			X	
	ED/Hospital Procedure Start Date			X	
	ED/Hospital Procedure Start Time			X	
PHASE_COPY	Location of Procedure	Character	3	X	
PROC_ICD9	ED/Hospital ICD-9-CM Procedure Performed Codes	Character	6	X	

Field Name	Field Name/Data Element Description	Field Type	Field Width	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
NINJ_NTDB	Class of Non-Injury Hospital Complications	Character	4	X	
PAYOR	Primary Payor Method of Payment	Character	15	X	
PAYOR	Secondary Payor Method of Payment	Character	15	X	
T_HOS_CHRG	Total Hospital Charges	Numeric	12.2	X	
T_HOS_RECP	Total Reimbursements	Numeric	12.2	X	

R9-25-1403. **Trauma System Data Reports; Requests for Trauma Registry Reports**

A. ~~Each quarter, the~~ The Department shall produce and disseminate to each submitting health care institution a quarterly trauma system data report that includes statewide aggregate trauma data. ~~for the prior quarter for at least the following data elements:~~

~~1. Number of health care institutions reporting data;~~

~~2. Total number of cases reported for the quarter;~~

~~3. Patient ages, including mean and median;~~

~~4. Patient gender;~~

~~5. Time of injury;~~

~~6. Day of week of injury;~~

~~7. Triage criteria;~~

~~8. Place of occurrence of injury;~~

~~9. ICD-9-CM E-code;~~

~~10. ICD-9-CM N-code;~~

~~11. Protective devices used, by type of injury;~~

~~12. Disposition from emergency department;~~

~~13. Hospital discharge disposition;~~

~~14. Length of hospital stay;~~

~~15. Number of days in intensive care unit;~~

~~16. Final outcome;~~

~~17. ISS scores/mortality; and~~

~~18. Deaths by ISS score and age.~~

B. A person may request to receive a report containing statewide aggregate trauma data for data elements not included in the quarterly trauma system data report by submitting a written public records request to the Department as provided in A.A.C. R9-1-303.

C. The Department shall process a request for a report submitted under subsection (B) as provided in A.A.C. R9-1-303.

D. As provided in A.R.S. § 36-2220(A)(1), Trauma Registry data from which a patient, the patient's family, or the patient's health care provider or facility might be identified is confidential and is not available to the public.

R9-25-1404. **Retention of Reports and Requests for Reports**

The Department shall retain copies of each quarterly trauma system data report, request for a report submitted under R9-25-1403(B), and report generated under R9-25-1403(B) for at least 10 years after the date of the report or request for a report.

R9-25-1405. **Confidentiality and Retention of Trauma System Quality Assurance Data**

A. As provided in A.R.S. §§ 36-2220(A)(2) and 36-2403(A), all data and documents obtained by the Department or considered by the Department, the State Trauma Advisory Board, or a State Trauma Advisory Board subcommittee for purposes of trauma system quality assurance are confidential and are not available to the public.

B. The Department shall ensure that:

1. Each member of the State Trauma Advisory Board or member of a State Trauma Advisory Board subcommittee who will have access to the data and documents described in subsection (A) executes a written confidentiality statement before being allowed access to the data and documents;

2. All trauma system quality assurance activities are completed in executive session during State Trauma Advisory Board or State Trauma Advisory Board subcommittee meetings;

3. Except for one historical copy, all copies of data and documents described in subsection (A) and used during an executive session are collected at the end of the executive session and destroyed after the State Trauma Advisory Board or State Trauma Advisory Board subcommittee meeting; and

4. Executive session minutes and all copies of data and documents described in subsection (A) are maintained in a secure area and are accessible only to Department employees ~~who have executed written confidentiality statements~~.

C. ~~The Department shall retain executive session minutes and the data and documents described in subsection (A) for at least 10 years after the last event memorialized in the minutes, data, or documents.~~

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R9-25-1406.   Trauma Registry Data Quality Assurance

A.   To ensure the completeness and accuracy of trauma registry reporting, a submitting health care institution shall allow the Department to review the following, upon prior notice from the Department of at least five business days:

    1.   The submitting health care institution's database that includes data regarding cases;

    2.   Patient medical records; and

    3.   Any record, other than those specified in subsections (A)(1) and (2), that may contain information about diagnostic evaluation or treatment provided to a patient.

B.   Upon prior notice from the Department of at least five business days, a submitting health care institution shall provide the Department with all of its patient medical records for a time period specified by the Department, to allow the Department to review the patient medical records and determine whether the submitting health care institution has submitted data to the trauma registry for the cases who received medical services within the time period.

C.   For purposes of subsection (B), the Department considers a submitting health care institution to be in compliance with R9-25-1402(A) if the submitting health care institution submitted the data set identified in Table 1 to the trauma registry for 97% of the cases who received medical services within the time period.

D.   The Department shall return to a submitting health care institution data not submitted in compliance with R9-25-1402 and shall identify the revisions that are needed to bring the data into compliance with R9-25-1402.

E.   A submitting health care institution that has trauma registry data returned as provided in subsection (D) shall revise the data as identified by the Department and shall submit the revised data to the Department within 15 business days after the date the Department returned the data or within a longer period agreed upon between the Department and the submitting health care institution.

F.   Within 15 business days after receiving a written request from the Department that includes a simulated patient medical record, a submitting health care institution shall prepare and submit to the Department the data set identified in Table 1 for the patient described in the simulated patient medical record.